



VOSH PROGRAM DIRECTIVE: 12-411

ISSUED: November 1, 2001

SUBJECT: Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries; § 1910.1030; Revised Final Rule

A. Purpose

This directive transmits to field personnel the revised standard for Occupational Exposure to Bloodborne Pathogens as it relates to needlesticks and other sharps injuries.

This Program Directive is an internal guideline, not a statutory or regulatory rule, and is intended to provide instructions to VOSH personnel regarding internal operation of the Virginia Occupational Safety and Health Program and is solely for the benefit of the program. This document is not subject to the Virginia Register Act or the Administrative Process Act; it does not have general application and is not being enforced as having the force of law.

B. Scope

This directive applies to all VOSH personnel.

C. Reference

66 FR 5317, dated January 18, 2001; OSHA Memorandum 01-02 (April 19, 2001).

D. Cancellation

Not Applicable.

E. Action

The Directors and Managers shall ensure that field personnel understand and comply with the standard included in this directive.

F. Effective Date

November 15, 2001

G. Expiration Date

Not Applicable.

H. Background

Blood and other potentially infectious materials have long been recognized as a potential threat to the health of employees who are exposed to these materials by percutaneous contact (penetration of the skin). Needlesticks and other percutaneous injuries resulting in exposure to blood or other potentially infectious materials continue to be of concern because of the high frequency of their occurrence and the severity of the health effects associated with exposure.

Injuries from contaminated needles and other sharps have been associated with an increased risk of disease from more than 20 infectious agents [i.e., human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV)].

Since the Board adopted the original Bloodborne Pathogens (“BBP”) standard on February 25, 1992, a wide variety of medical devices have been developed to reduce the risk of needlesticks and other sharps injuries. These medical devices replace sharps with non-needle devices or incorporate safety features designed to reduce the likelihood of injury.

In a September 9, 1998 Request for Information (RFI), federal OSHA solicited information on occupational exposure to BBP due to percutaneous injury. Based, in part, on responses to the RFI, OSHA pursued an approach to minimize the risk of occupational exposure to BBP that involves three components:

- (1) Federal OSHA proposed that the revised Recordkeeping standard (29 CFR 1904) include a requirement that all percutaneous injuries from contaminated needles and other sharps be recorded on OSHA logs;
- (2) Federal OSHA issued a revised compliance directive for the BBP standard on November 5, 1999 to reflect advances made in medical technology and treatment; and
- (3) Federal OSHA placed amendment of the BBP standard on its regulatory agenda to more effectively address sharps injuries.

At the national level, Congress was prompted to take action in response to growing concerns over BBP exposures from sharps injuries and in response to above-mentioned technological developments that increase employee protection. The federal Needlestick Safety and Prevention Act (Pub.L. 106-430) which was signed on November 6, 2000, directs federal OSHA to revise the BBP within six months to clarify the need for employers to select safer needle devices as they become available and to involve employees in identifying and choosing the devices.

I. Summary of the amendments to the Standard

Federal OSHA revised the Bloodborne Pathogens (“BBP”) Standard to conform to the requirements of the federal Needlestick Safety and Prevention Act (Pub.L. 1006-430). The revision to the BBP standard added new requirements for employers including additions to the exposure control plan and that of keeping a sharps injury log. It does not impose new requirements for employers to protect workers from sharps injuries. The original standard already required employers to protect workers from sharps injuries. The original standard already required employers to adopt engineering and work practice controls that would eliminate or minimize employee exposure from hazards associated with bloodborne

pathogens. This revision specifies in greater detail the engineering controls, such as safer medical devices, which must be used to reduce or eliminate worker exposure.

The revisions to federal OSHA's Bloodborne Pathogens standard required under the federal Needlestick Safety and Prevention Act can be categorized into four major areas:

- (1) Modification of definitions relating to engineering controls;
- (2) Revision and updating of the Exposure Control Plan;
- (3) Solicitation of employee input, and
- (4) Recordkeeping

Specifically, in paragraph (b), "Definitions," the revised standard added two additional terms, "Sharps with engineered sharps injury protections" and "Needleless Systems." The definition of one other term, "Engineering Controls," was altered to clarify that safer medical devices are considered to be engineering controls under the standard.

Paragraph (c)(1)(iv) was revised to specifically require consideration of safer needle devices as part of the re-evaluation of appropriate engineering controls during the annual review of the employer's exposure control plan. The employer must:

- (1) Take into account innovations in medical procedure and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needlesticks), and
- (2) Document consideration and use of appropriate, commercially-available, and effective safer devices (e.g., describe the devices identified as candidates for use, the method(s) used to evaluate those devices, and justification for the eventual selection.).

Paragraph (c)(1)(v) calls for employers to solicit input from frontline employees (non-managerial employees responsible for direct patient care) in choosing safer devices. Employees selected should represent the range of exposure situations encountered in the workplace, such as those in geriatric, pediatric or nuclear medicine and others involved in direct care of patients.

Paragraph (h)(5) requires that employers with employees who are occupationally exposed to blood or other potentially infectious materials, and who are required to maintain a log of occupational injuries and illnesses under existing recordkeeping rules must also establish a log to track needlestick injuries rather than only recording those cuts or sticks that actually lead to illness. Additionally, employers must maintain the privacy of employees who have suffered these injuries.

NOTE: See attachment for Frequently asked Questions Concerning the Needlestick Act and OSHA's Bloodborne Pathogens Standard.

Jeffrey D. Brown
Commissioner

E-Attachment: 66 FR 5317 (January 18, 2001)

http://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=FEDERAL_REGISTER&p_toc_level=2&p_keyvalue=66&p_text_version=FALSE

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**Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries, §1910.1030;
Revised Final Rule**

As Adopted by the
Safety and Health Codes Board

Date: June 11, 2001



VIRGINIA OCCUPATIONAL SAFETY AND HEALTH PROGRAM

VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY

Effective Date: September 15, 2001

When the regulations, as set forth in the revised final rule for the Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries, §1910.1030, are applied to the Commissioner of the Department of Labor and Industry and/or to Virginia employers, the following federal terms shall be considered to read as below:

Federal Terms

VOSH Equivalent

29 CFR

VOSH Standard

Assistant Secretary

Commissioner of Labor and Industry

Agency

Department

April 18, 2001

September 15, 2001

29 CFR 1904.6

16 VAC 25-60-60, Administrative Regulations for the VOSH Occupational Safety and Health Program, Occupational Injury and Illness Records, §60